Class A: Risk indicators

- *In-utero infections* (congenital CMV)
- *Culture Positive postnatal infection* (Bacterial and viral meningitis)
- *Syndromes associated with progressive or delayed onset hearing loss* (Neurofibromatosis, Osteopetrosis, Usher Syndrome, Townes-Brock)
- *Syndromes associated with hearing loss* (Down syndrome and Sticklers)
- *Cleft Lip/Palate*
- *ECMO assisted ventilation*
- *Head Trauma involving basal skull/temporal fracture that requires hospitalization*
- *Chemotherapy treatments*
- *Neurodegenerative disorders or sensory motor neuropathies*
- *Hyperbilirubinemia requiring exchange transfusion*

If baby passes the newborn hearing screening & has one or more CLASS A risk indicators =
Recommendation for diagnostic ABR evaluation with pediatric audiologists by 3 months of age.

Class B: Risk indicators

- *Family history of childhood hearing loss*
- *In-Utero Infection* (Herpes, Rubella, Syphilis, Toxoplasmosis)
- **NICU stay of greater than 5 days**
- **Any amount of ototoxic exposure** (aminoglycosides)
- **Any amount of mechanical ventilation**
- *Craniofacial anomalies involving pinna, ear canal, ear pits and temporal bone anomalies*

If baby passes the newborn hearing screening & has one or more CLASS B risk indicators =
Recommendation for diagnostic pediatric hearing evaluation by 1 year of age.

NOTE: If baby REFERS on the newborn hearing screening after two attempts –
Recommendation for Diagnostic ABR evaluation to be completed by 3 months of age (JCIH 2007)

* Any parental/caregiver hearing concerns warrants a referral to a pediatric audiologist.
** Infants readmitted to the hospital within the first 30 days of life should be re-screened if any risk indicators are present.

References: